

jc912 U.S. PTO  
05/14/01JC82185360  
05/14/01

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)

2.  Applicant claims small entity status.  
See 37 CFR 1.27.

3.  Specification [Total Pages 26]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to sequence listing, a table, or a computer program listing appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure

4.  Drawing(s) (35 U.S.C. 113) [Total Sheets 12]

5. Oath or Declaration [Total Pages 1]  
a.  Newly executed (original or copy)  
b.  Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)  
i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).

6.  Application Data Sheet. See 37 CFR 1.76

Attorney Docket No. 2880/347

First Inventor Pertti Tormala et al

Title MINIMALLY TRAUMATIC SURGICAL DEVICE FOR TISSUE TREATMENT

Express Mail Label No.

**ADDRESS TO:** Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  
a.  Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
i.  CD-ROM or CD-R (2 copies), or  
ii.  paper  
c.  Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9.  Assignment Papers (cover sheet & document(s))

10.  37 C.F.R. §3.73(b) Statement  Power of Attorney (when there is an assignee)

11.  English Translation Document (if applicable)

12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations

13.  Preliminary Amendment

14.  Return Receipt Postcard (MPEP 503) (Should be specifically itemized)

15.  Certified Copy of Priority Document(s) (if foreign priority is claimed)

16.  Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.

17.  Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76.

 Continuation  Divisional  Continuation-in-part (CIP) of prior application No. Cross Reference to Related Application included in Preliminary Amendment Attached. Note A cross reference to related application(s) must be filed with the USPTO before four months from the filing date of this continuing application

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS** Customer Number or Bar Code Labelor  Correspondence address below

(Insert Customer Number or Bar Code Label here)

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	PATENT & TRADEMARK OFFICE				
Address					
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Country	Telephone		Fax		

Name (Print/Type)	Julie E. Stein	Registration No. (Attorney/Agent)	43,158
Signature			Date
		5-14-01	

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 435)

Complete if Known	
Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Pertti Tormala et al
Examiner Name	Unassigned
Group / Art Unit	Unassigned

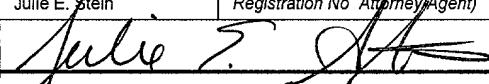
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METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																																																																																																																																																																																									
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to</p> <p>Deposit Account Number <input type="text" value="11-0600"/></p> <p>Deposit Account Name <input type="text" value="Kenyon &amp; Kenyon"/></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>				<p>3. 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SUBTOTAL (3) (\$ 0)

SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	Julie E. Stein	Registration No.	Attorney/Agent)	43,158	Telephone	202-220-4200
Signature				Date	5-14-01	

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